VI. Evaluation of QAPIP Measures of Performance Summary

A. Michigan Mission Based Performance Indicators	FY2022 Status/Outcomes:	Full QAPIP Source:
1: The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours	Fully met, 95% goal met for all quarters in FY2022.	Page 23
2a: The percentage of new persons during the quarter receiving a completed bio-psycho-social assessment within 14 calendar days of a non-emergency request for service.	N/A, baseline year in FY2022 with no state measure.	Page 23
2b: The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with substance use disorders.	N/A, baseline year in FY2022 with no state measure.	Page 23
3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.	N/A, baseline year in FY2022 with no state measure.	Page 23
4a: The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days (child and adult).	Partially Met, 95% goal was not met for Q1,Q2,Q4 for children, was met for Q3. 95% metric was met for Q1 & Q3, but was not met for Q2 & Q4.	Page 23
4b: The percentage of discharges from an SUD detox unit during the quarter that were seen for follow-up care within 7 days.	Fully Met, 95% benchmark met for all quarters in FY2022.	Pages 23-24
10: The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Fully Met, 15% or less goal was met for all quarters in FY2022.	Page 24

C. Performance Improvement Projects	FY2022 Status:	Full QAPIP Source:
Project #1: Statewide PIP: Reducing Racial Disparities Specific to No-Shows for the Initial Biopsychosocial Assessment (BPS) in Individuals Accessing CMH services	Fully met all FY2022 measurement outcomes: 1. The PIP submission was completed and submitted to HSAG by the due date during FY2022. 2. CMHPSM received a score of 100% on the PIP after resubmission. 3. Barriers were identified, and interventions were developed to reduce disparities and increase overall performance for full implementation scheduled 1/1/2023 as required by the MDHHS/HSAG project requirements. Interventions to be analyzed for FY2023 include same day appointments and providing transportation assistance.	Pages 26-27
Project #2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service		

D. Critical Incidents (CIs), Sentinel events (SEs), Unexpected deaths (UDs), and Risk Event (RE) Management	FY2022 Status:	Full QAPIP Source:
1. CMHPSM to submit timely and accurately Critical Events on a monthly basis or more immediately if required.	Partially Met, an event workgroup is being convened in FY2023 to address educational opportunities related to potential overreporting of events in FY2022.	Pages 30-31
2. Conduct analysis on critical events to monitor compliance with reporting, trends, and opportunities for performance improvements. CMHPSM will complete data analysis of critical events and develop a baseline for areas of improvements that will result in: • More accurate and timely reporting of events • CIs for residential treatment providers. • Include all unexpected deaths, including aggregated mortality data over time to identify possible trends. • Include events that put individuals at risk of harm (to self or others; and two or more unscheduled/not planned admissions to a medical hospital within a 12-month period.	Partially Met, data analysis was completed for FY2022 and reported to CPT. Trending over time/FYs will be completed in FY2023 with FY2022 as a baseline due to changes in analysis measures over time.	Pages 30-31
Submission of CMH Sentinel Events (MDHHS CRM) immediate notification) to CMHPSM based on notification requirements of the event (24 hour, 48 hours, 5 days) with 100% compliance.	Fully Met, notification requirements were met during FY2022.	Pages 30-31

E. Behavioral Treatment Review	FY2022 Status:	Full QAPIP Source:
1. Consistent and accurate quarterly reporting of BTC data (100%)	Fully Met, all 3 goals were met, data analysis was baseline measure in FY2022 thus FY2022 will be used to compare with FY2023. CMHPSM found the BTC data template that was created during FY2021 for reporting had inaccuracies and inconsistencies that affected the completeness and the reliability of the data. Therefore, the BTC data template was updated in FY2022 for the FY2023 reporting year, with plans to meet and train CMHSP staff responsible for BTC data reporting to improve the reliability and validity of the data.	Pages 32-34
2. Consistent data analysis of BTC data (100%)		
3. Development of BTC data baselines at the completion of BTC quarterly reporting and data analysis in FY2022		

F. Clinical Practice Guidelines	FY2022 Status:	Full QAPIP Source:
1. Ensure Clinical Practice guidelines are reviewed and updated at least annually 100% by 9/30/22.	Fully Met, FY2022 clinical practice guidelines were reviewed and approved by Regional CPT on 8/16/22 and approved by ROC on 8/29/22. This was consistent with guidelines being reviewed in FY2021.	Page 35
2. Identify by 9/30/22 in the CPG review where guidelines are being used in the region/system of care with 100% completion.	Fully Met, FY2022 clinical practice guidelines were reviewed and approved by Regional CPT on 8/16/22 and approved by ROC on 8/29/22 and included if used in CMH/Behavioral Health, SUD Prevention, SUD Treatment, and/or CCBHCs as well as the endorsement source. This was an improvement from FY2021.	Page 35

G. Shared Metrics Projects Between the PIHP and Michigan Medicaid Health Plans	FY2022 Status:	Full QAPIP Source:
1. Care Coordination for High Consumer Utilizers Project	Fully Met, the CMHPSM, the MHPs, and the CMHSPs continued to meet this indicator in FY2022 at 100% compliance by pulling monthly reports from CC360, identifying those with high risk or high utilization of services to include in reviews, and meeting monthly to review potential interventions to better serve and stabilize those consumers.	Pages 35-36

G. Shared Metrics Projects Between the PIHP and Michigan Medicaid Health Plans	FY2022 Status:	Full QAPIP Source:
2. Follow-Up after Hospitalization for Mental Illness (30 days) (FUH)	Partially Met, while the CMHPSM performed above the benchmark in FY2022, this is a joint metric shared with the Medicaid Health Plans (MHPs) and the PIHP received partial incentive due to a lower percentage performance with one of the MHPs.	Page 37
3. Follow-Up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence—(FUA)	N/A, no state benchmark established for FY2022.	Page 38

H. PIHP-only Performance Bonus/Pay for Performance Measures	FY2022 Status:	Full QAPIP Source:
Behavioral Health Treatment Episode Data Set (BHTEDS) and Veteran Services Navigator (VSN) Data Collection		
1. 95% compliance with accuracy of reported BHTEDS encounters. Must be an active BHTEDS associated with an encounter, within 15 months of that encounter.	Fully Met, in FY2022 CMHPSM maintained BHTEDS completion rates over 95% compliance for crisis and non-crisis encounters.	Page 39
2. Identification of people eligible for Veteran Services Navigator (VSN) within BHTEDS data.	Fully Met, In FY2022 a Veteran Peer Support Specialist (VPSS) was hired to work alongside the VSN, increasing capacity in numbers and in expertise. The program began training and tracking potential referrals through the electronic health record (EHR) with CMH Access Departments. The VSN and VPSS had ongoing contact with 451 individuals (not unduplicated), including an increase of 176 new unique contacts for FY2022.	Pages 39-40
3. Submission of a 1–2-page narrative report on regional findings and any actions taken to improve data quality on BH-TEDS military and veteran fields.	Fully Met, report was submitted to MDHHS by the 7/1/22 due date.	Page 40
IET-AD: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment		
1. Initiation of AOD Treatment: Percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.	N/A, informational only in FY2022.	Pages 40-41

H. PIHP-only Performance Bonus/Pay for Performance Measures	FY2022 Status:	Full QAPIP Source:
2. Engagement of AOD Treatment: Percentage of beneficiaries who initiated treatment *and* who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.	N/A, informational only in FY2022.	Pages 40-41

I. Utilization Management	FY2022 Status:	Full QAPIP Source:
1. Assess overutilization of services	Partially Met, monthly data mining of IBNR reporting and significant increases in CLS services billed was conducted monthly for risks of overutilization with no findings or risks that would indicate further investigation.	Pages 44-45
2. Assess underutilization of services	Partially Met, monthly data mining of IBNR reporting and significant increases in CLS services billed was conducted during FY2022 for risks of underutilization.	Pages 44-45
3. Assess validity and reliability of LOCUS application across the region.	Partially Met, analysis was completed, with the onset of parity analysis to be applied in FY2023. Training over FY2022 showed improvements with overrides from 70% to 15%, and documented explanation of overrides from 50% (FY2021) to 98% (FY2022). Comparison of FY2021 and FY2022 was limited due to project starting in late FY2021 and overall lower numbers compared to FY2022.	Pages 44-45
4. Compliance with adverse benefit determination requirements (Analyze type of denial, accuracy of service and denial decision explanation, and compliance with timeframes)	Partially Met, 100% compliance in meeting timeframes and providing correct notice types. Improvements in explanation (narrative) of decisions to be focus of FY2023 in establishing a baseline and measure of improvement.	Pages 44-45

J. Vulnerable Individuals	FY2022 Status:	Full QAPIP Source:
Ensure individuals with continued need for HSW are recertified in a timely way (95%) and meet compliance and documentation requirements (100%).	Partially Met, regular training and monitoring resulted in a decrease in past due recertifications during FY2022. This project will be continued in FY2023.	Page 46

K. Long-Term Services and Supports (LTSS)	FY2022 Status:	Full QAPIP Source:
During FY2022 LTSS was included in the following QAPIP activities and/or performance measures: member satisfaction results credentialing and recredentialing, verification of Medicaid services, over- and underutilization, provider network capacity and monitoring.	N/A, FY2022 was a baseline year and will be used in future comparative analyses.	Pages 46-47
LTSS was included in the oversight and data reporting for Home and Community Based Services waiver monitoring and upcoming and FY2023 MDHHS required 1915(i) enrollment, including if services are being provided and those in need of LTSS are accurately reported.	N/A, FY2022 was a baseline year and will be used in future comparative analyses.	Pages 46-47
CMHPSM staff were trained in the identification of those needing or receiving LTSS for MDHHS 1915i enrollment requirements.	N/A, FY2022 was a baseline year and will be used in future comparative analyses.	Pages 46-47
As FY2022 was a baseline year for this performance measure there are no previous years for comparative analysis.	N/A, FY2022 was a baseline year and will be used in future comparative analyses.	Pages 46-47

L. Member Experience with Services	FY2022 Status:	Full QAPIP Source:
A. Customer Satisfaction Survey Data	N/A, FY2022 was a baseline year and will be used in future comparative analyses. The FY2022 survey could not be compared to FY2021 or FY2020 as these surveys focused on the impacts of the COVID pandemic and people's experience with the increase in telehealth services.	Page 50

L. Member Experience with Services	FY2022 Status:	Full QAPIP Source:
B. Recovery Self-Assessment (RSA) Survey Data 1. Achieve at least an Agree (Likert score of 4) for Client responses in all domains. 2. Achieve improvement in Involvement domain from FY2021.	Fully Met, all domains remained above 4.0 and involvement domain improved regionally from FY2021 (3 of 4 CMHSPs).	Page 51
C. Grievance Data The percentage (rate per 100) of Medicaid grievances are resolved with a compliant written disposition sent to the consumer within 90 calendar days of the request for a grievance. (Standard 95%).	Fully Met, 100% of timeframes were met (195/195).	Pages 52-53
D. Appeals Data	N/A, FY2022 was a baseline year and will be used in future comparative analyses.	Pages 53-54
E. National Core Indicators/Benchmarks	N/A, CMHSPM will seek guidance from MDHHS in FY2023 on what applications this data could provide in local measures.	Page 54